

Name  
in  
Full

## CERTIFICATE OF DEATH

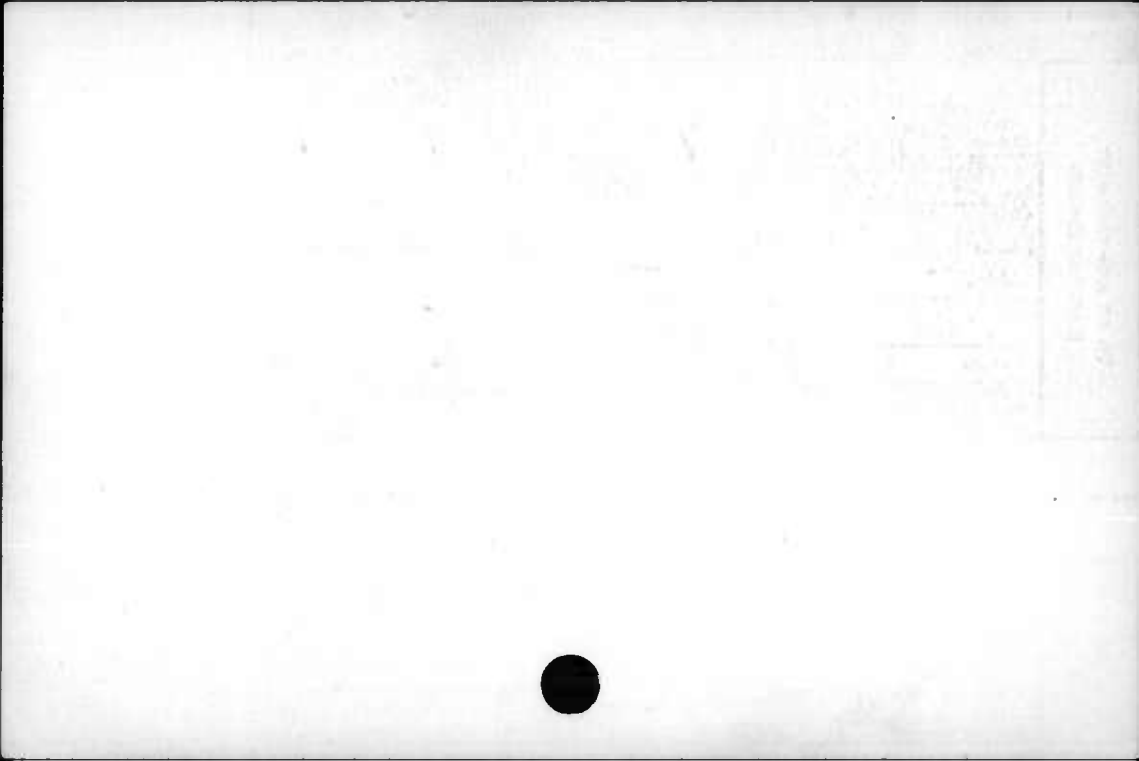
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charlotte A Adams</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Nov</i>		Day <i>7</i>		Age Years <i>71</i> Months <i>11</i> Days <i>23</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of <del>Wife</del> or Husband <i>John Adams</i>					
Father's Name <i>Enoch Rinkell</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Euby Rinkell</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>John Adams</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paraplegia</i>	How long <i>3 or 4 years</i>
Immediate <i>General debility</i>	How long <i>3 or 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Gleason</i>
	Address <i>Salisbury Ind.</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

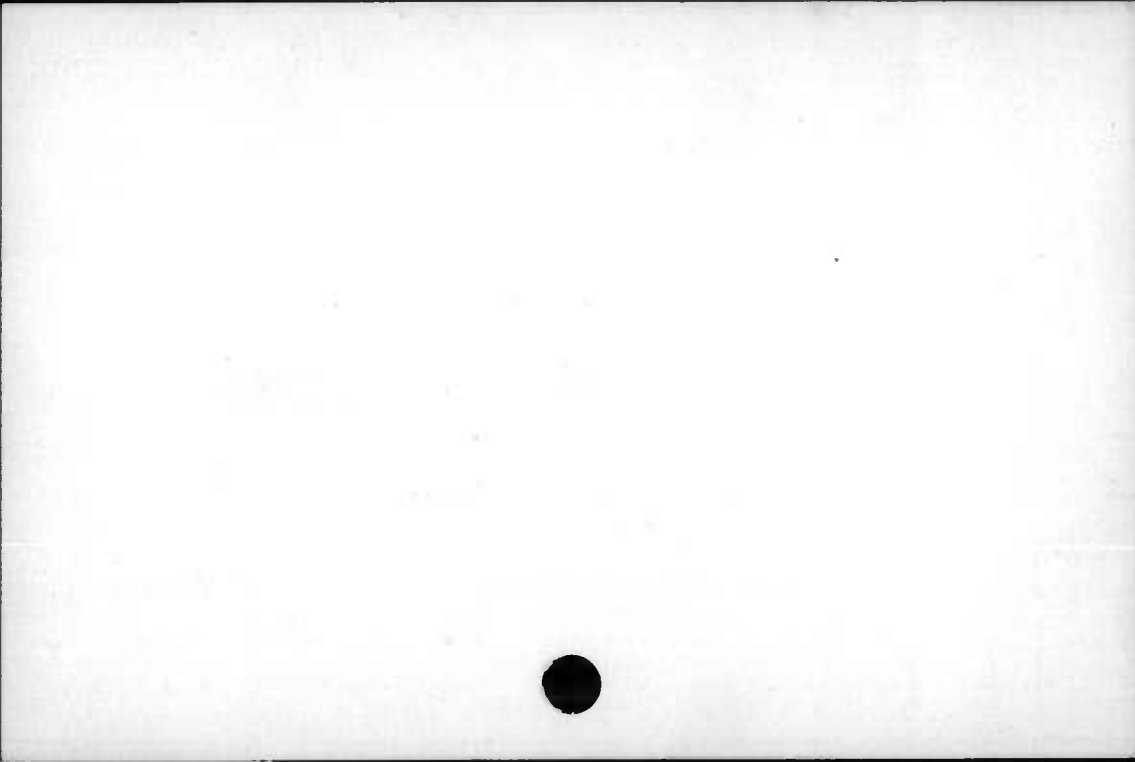
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov.	19 <sup>th</sup>	88		4	14
Sex	Female	Color or Race	White	Birthplace	Maryland		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
John Adkins				Father's Birthplace			
Nichols				Mother's Birthplace			
Not known				How related to deceased			
Name of person giving information				Son in Law			
Jason Tilghman							

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Infirmities of Age & Grippes	How long	Not known
Immediate	Incontinence & infirmities	How long	Not known
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. M. Clements	
Address		Salisbury Md.	
Accident or Suicide?			



Name

In  
Full

Milby Adkins

## CERTIFICATE OF DEATH

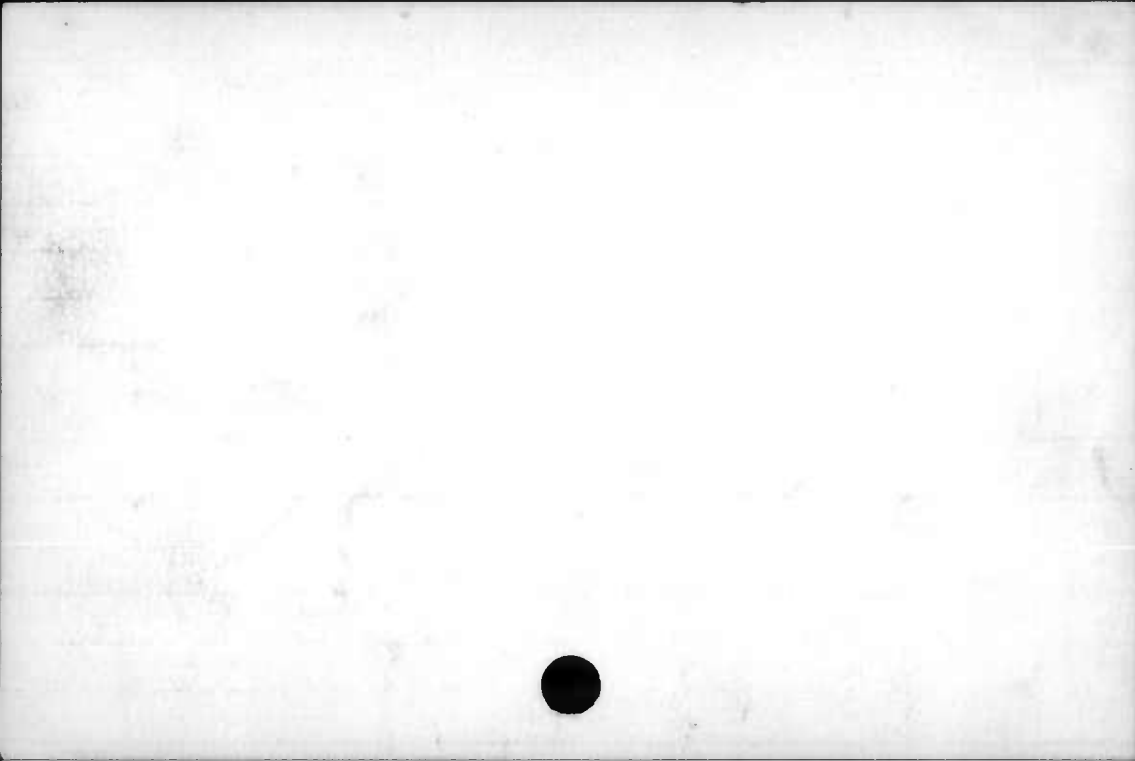
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>new Pomerleville</i> Town		<i>Wheeler</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>14</i>	Age <i>68</i>	Years	Months Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Me</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Johannathan Adkins</i>			Father's Birthplace <i>Me</i>		
Mother's Maiden Name <i>Elizabeth Adkins</i>			Mother's Birthplace <i>Me</i>		
Name of person giving information <i>L B Brithington</i>			How related to deceased <i>no relation</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	<b>93</b>	How long <i>One year</i>
Immediate <i>Lobar Pneumonia</i>		How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E A Holland</i>	
	Address <i>Pomerleville</i>	
	<i>Maryland</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

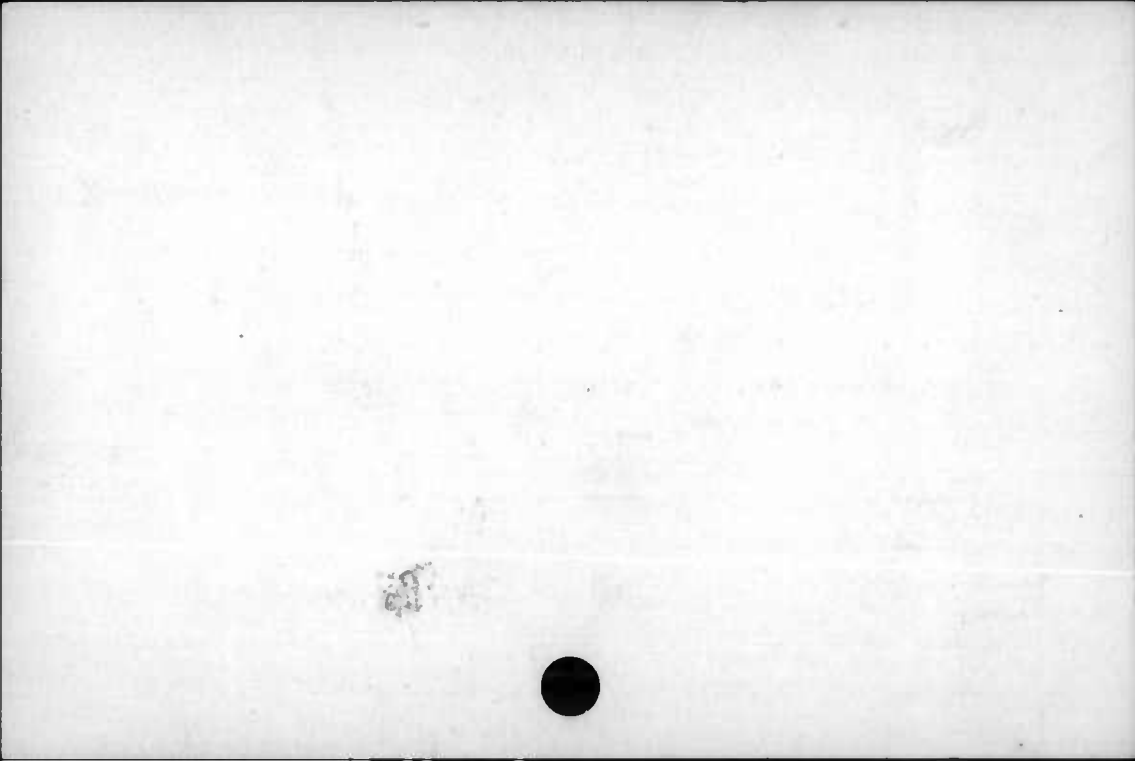
Name in Full <i>James Benton Armstrong</i>		Town <i>Mardela Spring</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Mardela Spring</i>		Month <i>March</i>		Day <i>20</i>		Years <i>75</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>20</i>		Years <i>75</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Chester Co Pa</i>		Months <i>21</i>	
Occupation <i>Teacher</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth James Bonds</i>					
Father's Name <i>Andrew Armstrong</i>		Father's Birthplace <i>Chester Co Pa</i>					
Mother's Maiden Name <i>Maria Thomas</i>		Mother's Birthplace <i>Chester Co Pa</i>					
Name of person giving information <i>A.B. Armstrong</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

112

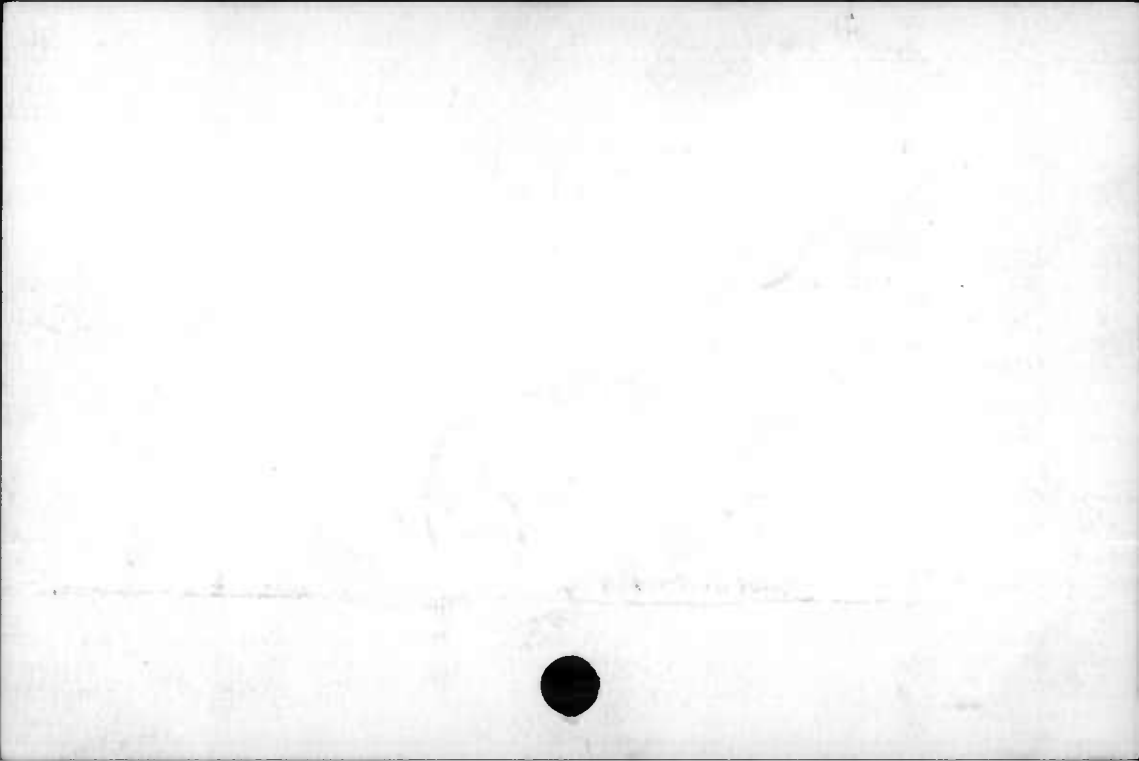
PHYSICIAN  
OR CORONER

Primary <i>carcinoma of liver.</i>	How long <i>9 months</i>
Immediate <i>cardiac failure</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Cassaway</i>
	Address <i>Shawelown - Md</i>
Accident or Suicide?	





Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Month		Day		Years		Months		Days	
	Date of death		1901		March		19		9		8	
	Sex		Male		Color or Race		Cauc		Birth- place		Maryland	
	Occupation		Farmer		Where Residing if not at place of death						17	
	Married, Single or Widowed		Single		Name of Wife or Husband		Single					
	Father's Name		Frank. Barclay		Father's Birthplace		Pantucke Md					
	Mother's Maiden Name		Willie M. Jones		Mother's Birthplace		Pantucke Md					
Name of person giving In formation		Frank Barclay		How related to deceased		Father						
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Consumption		(27)		How long		one year			
	Immediate		Hemipage				How long					
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr J H Day					
					Address		Jester ville Md					
Accident or Suicide?												



Name  
in  
Full

CERTIFICATE OF DEATH

Lucile Brown

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salsburg</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>Mar</u> Day	Age	<u>1</u> Years	<u>1</u> Months <u>2</u> Days
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Thomas Pinkelli</u>		Father's Birthplace	<u>Md</u>
Mother's Maiden Name		<u>Iola Brown</u>		Mother's Birthplace	<u>Md</u>
Name of person giving information		<u>Iola Brown</u>		How related to deceased	<u>Mother</u>

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

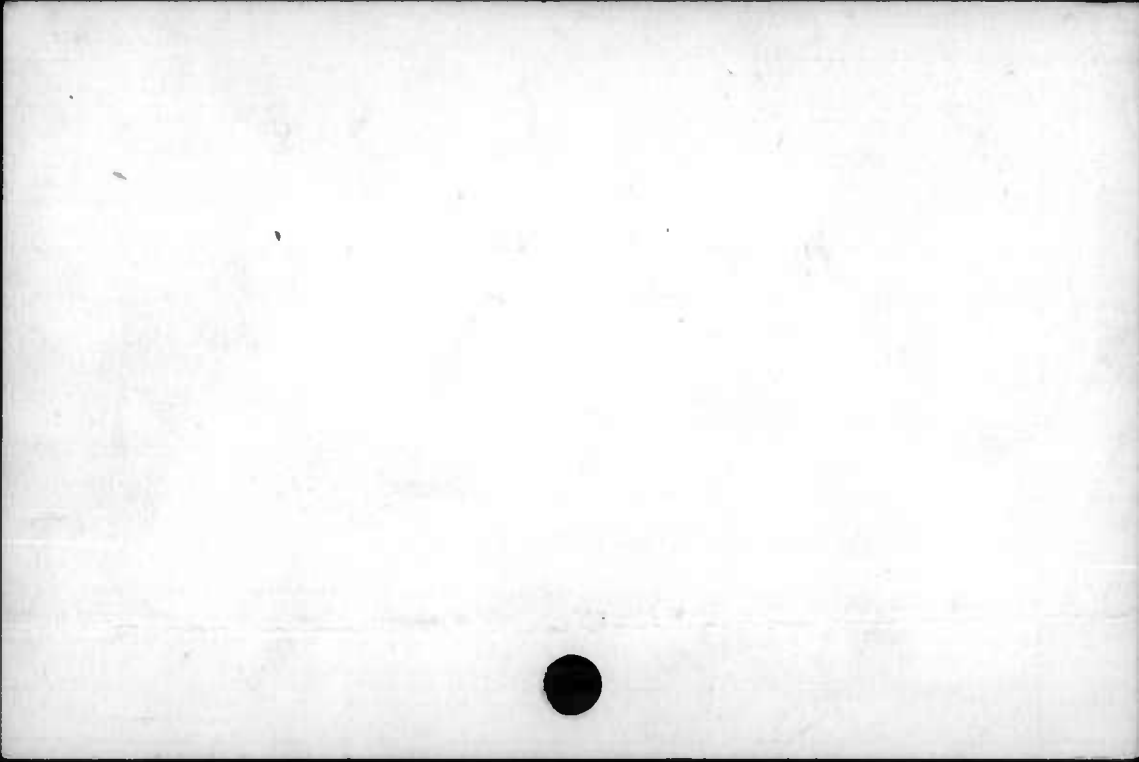
Primary	<u>Bronchitis or Influenza</u>	How long	<u>several days</u>
Immediate	<u>Dyspnea</u>	How long	<u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yrs</u>		<u>F. M. Plummer, M.D.</u>	
		Address	
		<u>Salsburg Md</u>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Oliver Darnon Battin		MARYLAND			
Died at <i>White Haven</i> <sup>Town</sup>		County <i>Wicomico Co</i>			
Date of death <i>1907 March 7</i>		Age <i>14</i>		Months <i>2</i> Days <i>28</i>	
Sex <i>man</i>		Color or Race <i>White</i>		Birth-place <i>Tyaskin dist</i>	
Occupation <i>School Boy</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Oliver F. Battin</i>		Father's Birthplace <i>Tyaskin</i>			
Mother's Maiden Name <i>Alexine Insley</i>		Mother's Birthplace <i>Tyaskin</i>			
Name of person giving information <i>Oliver F. Battin</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
Primary <i>Mitral Regurgitation</i>		How long <i>8-10 yrs -</i>			
Immediate <i>Bronchitis</i>		How long <i>6 dd -</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. Bishop M.D.</i>			
		Address <i>Nautic -</i>			
		<i>Md.</i>			
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lillian M Washell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
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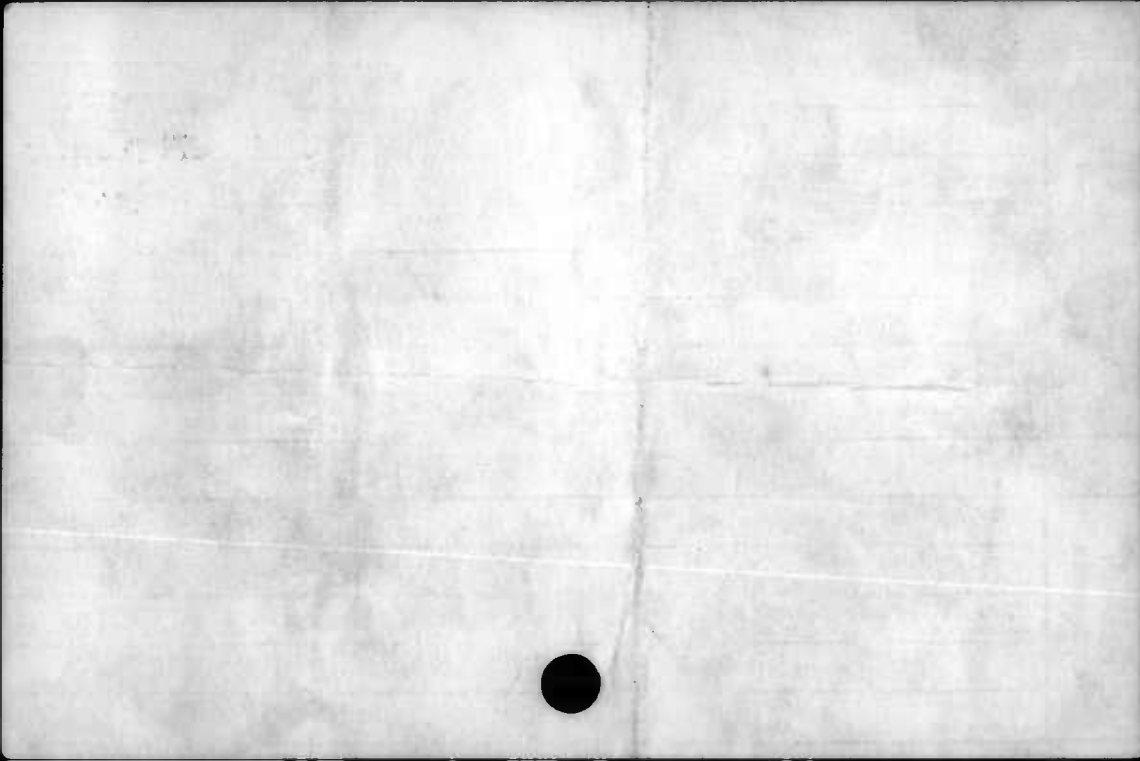
Died at <i>Siloam</i> Town		<i>Md</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>27</i>	Age <i>211</i>	Years <i>5</i> Months <i>22</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Mcmanus Co</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Siloam Md Co</i>				
Married, <input checked="" type="checkbox"/> <del>Single</del>	Name <del>Wife</del> <i>Oscar Washell</i>		Husband		
Father's Name <i>Wm H Singletree</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Mary Lawrence</i>	Mother's Birthplace <i>Md Co</i>				
Name of person giving Information <i>J H &amp; Runkshaw</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>I</i>	Signature of Physician <i>J. J. Long</i>
<i>Shrick so</i>	Address <i>Callin</i>
<del>Accident or Suicide?</del>	<i>Md.</i>





Name  
in  
Full

Lettie Dennis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mch.</i>	Day <i>22</i>	Age <i>80</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Henry Dennis</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Thomas Byrd</i>	How related to deceased <i>Grand Son</i>				

## CAUSES OF DEATH

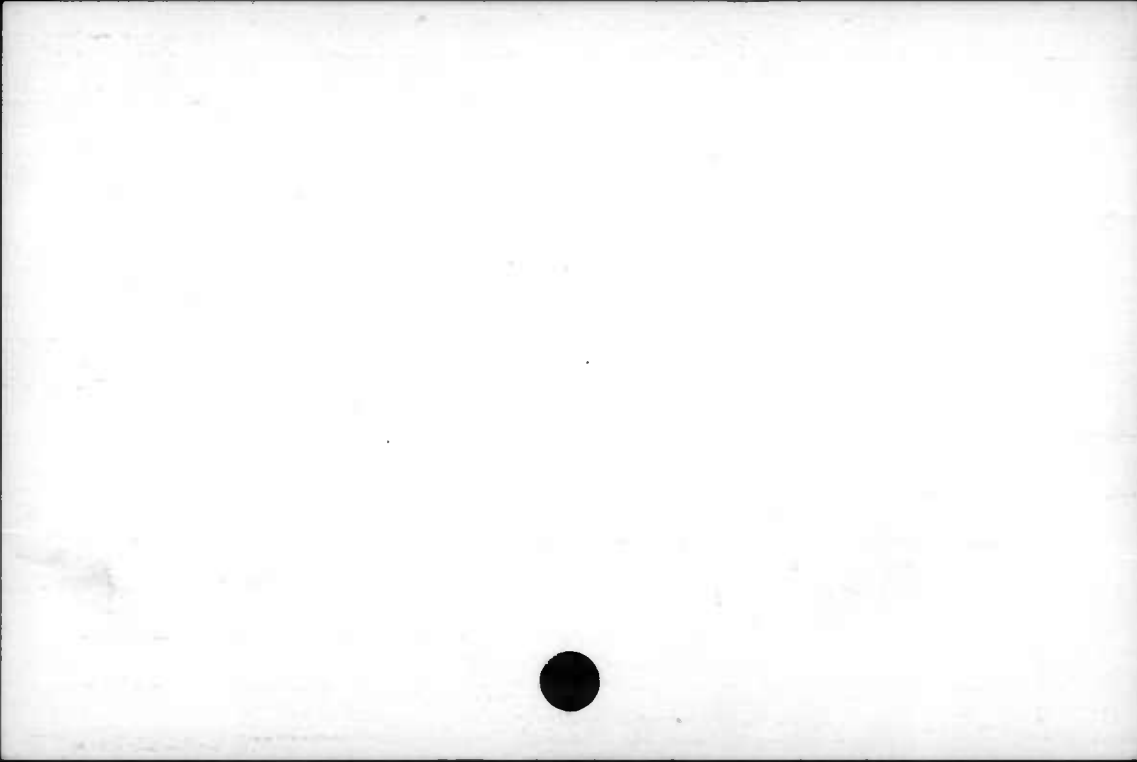
64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>few minutes</i>
Immediate <i>arterio-sclerosis</i>	How long <i>Several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Russella Deshired				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mittumel</i>		Town <i>M'cunio</i>		County	
		Date of death <i>1907</i>		Month <i>March</i>		Day <i>1</i>	
		Age <i>38</i>		Years		Months	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Deals Island, Md</i>	
		Occupation <i>Housework</i>		Where Residing if not at place of death <i>Mittumel, Md</i>			
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John Deshired</i>			
		Father's Name <i>Jones</i>		Father's Birthplace <i>Deals Island Md</i>			
Mother's Maiden Name <i>Mary Jane Jones</i>		Mother's Birthplace <i>Deals Island Md</i>					
Name of person giving information <i>John Deshired</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Influenza</i>		How long <i>10</i>			
		Immediate <i>mastoiditis causing thrombus</i>		How long <i>immediate</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Deshired</i>			
				Address <i>Salisbury Md</i>			
		Accident or Suicide? <i>no</i>					



Name  
in  
Full

Elizabeth Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bethel</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>	Day <i>17</i>	Age <i>65</i> <small>Years</small>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>Lady</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wadsworth Elliott</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Elmer Phillips</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Eugene Elliott</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>Enteritis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Eldredge</i>
	Address <i>Wandala Springs Md</i>
Accident or Suicide?	



Name  
in  
Full

Nellie Louise Gordon

## CERTIFICATE OF DEATH

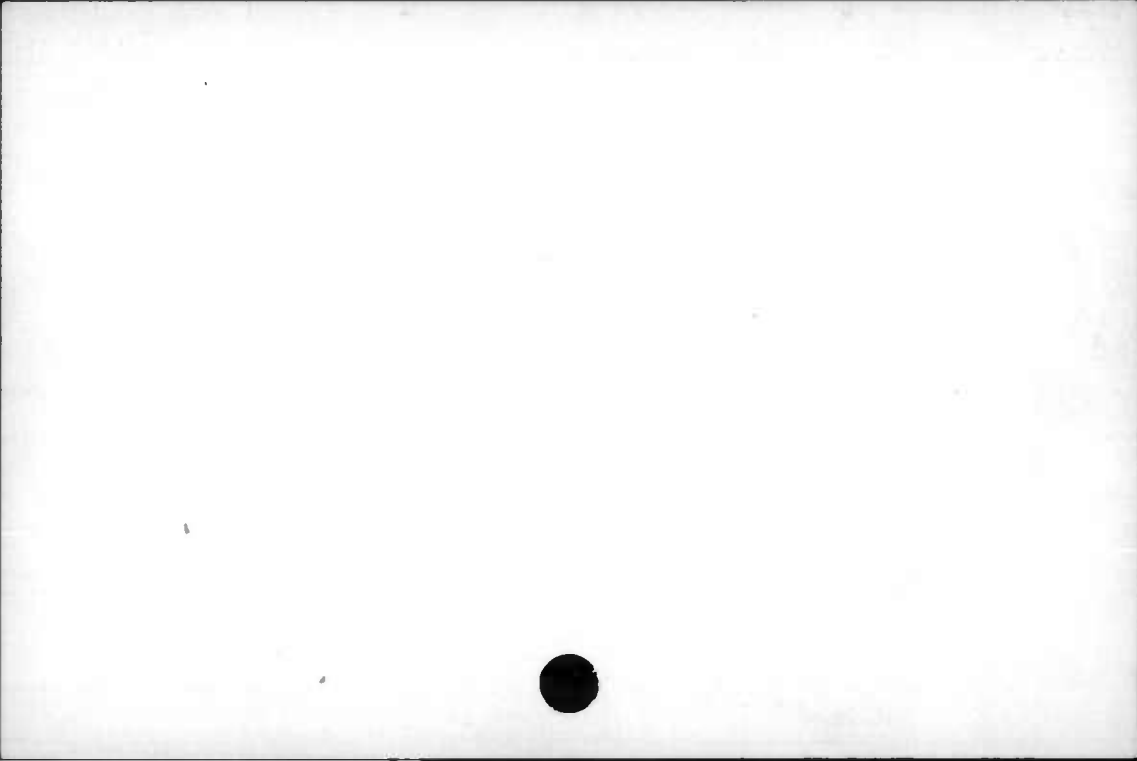
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bulmar</i> <sup>Town</sup>		<i>in</i> <i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Mar</i>	Day	<i>26</i>
Age	<i>51</i>	Years	<i>51</i>	Months	<i>26</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Harvey Gordon</i>			<i>Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Annie M Hall</i>			<i>Md</i>		
Name of person giving information			How related to deceased		
<i>Harvey Gordon</i>			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	<i>(91)</i>	How long	<i>3 months</i>
Immediate	<i>Septicemia</i>	<i>Heart Failure</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>Edmund Shoring M.D.</i>		
		Address		
		<i>Salisbury Md.</i>		
Accident or Suicide?				





Name  
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

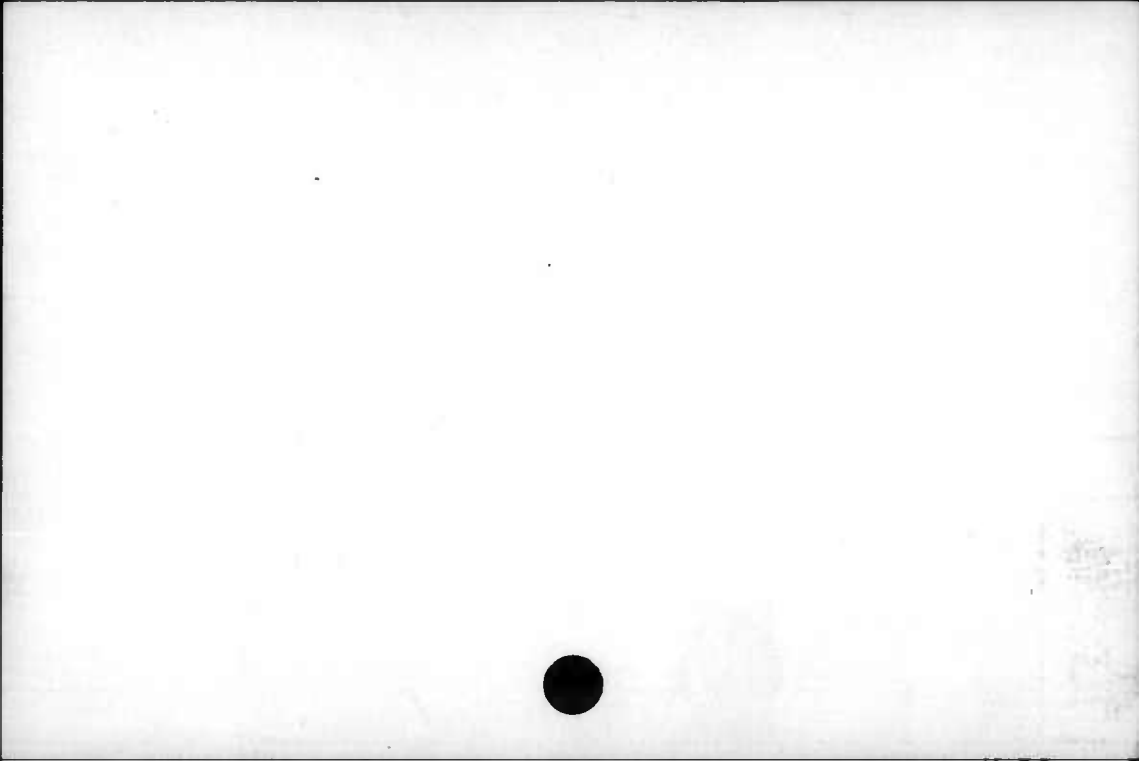
Name in Full <i>Hennretta Fields</i>		Town <i>Shad Point</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Shad Point</i>		Month <i>Mar</i>		Day <i>24</i>		Years <i>50</i>	
Date of death <i>1907</i>		Months <i>Mar</i>		Days <i>24</i>		Age <i>50</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Am. Fields</i>					
Father's Name <i>Lewis Fields</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>W.C. Marshall</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

**42**

PHYSICIAN  
OR CORONER

Primary Cause of Uterus		How long <i>1 year or more</i>	
Immediate <i>Mitochondria Cachexia</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Neomis M.D.</i>	
		Address <i>Baltimore Md.</i>	
Accident or Suicide?			



Name  
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S. P. Gordy

## CERTIFICATE OF DEATH

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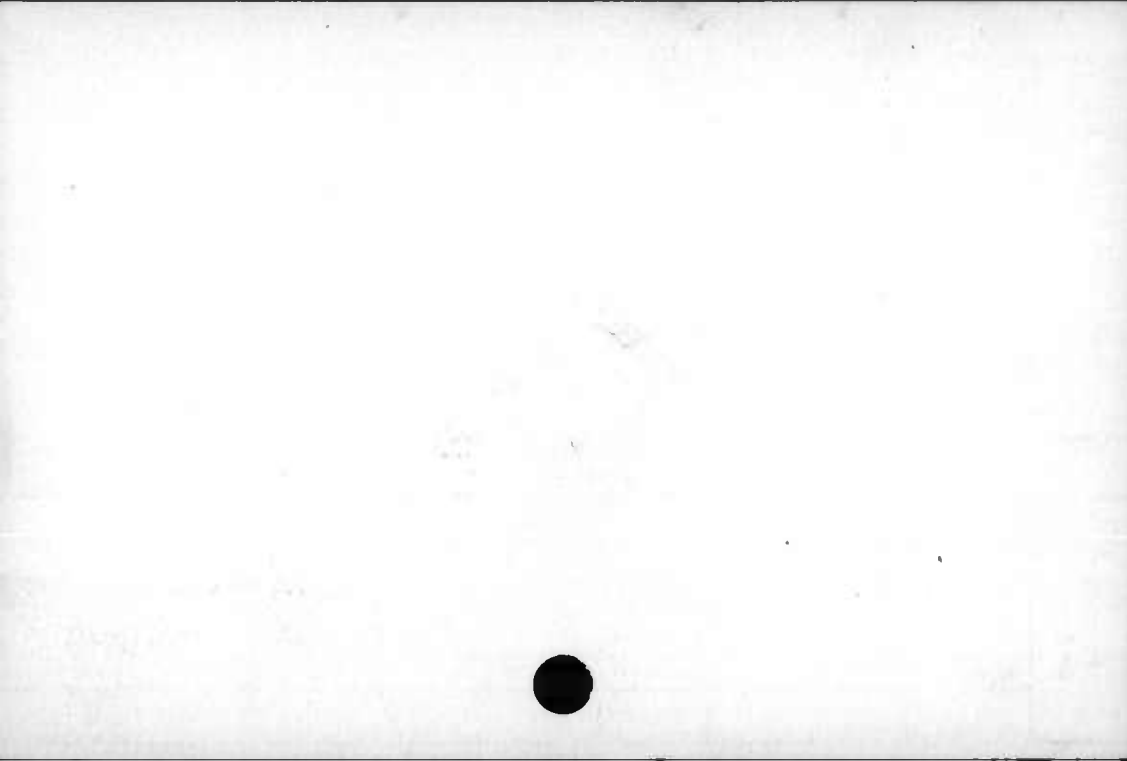
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1907	Month Mch	Day 25	Age 52	Months	Days
Sex Male		Color or Race white		Birth- place			
Occupation Manufacturer		Where Residing if not at place of death		Pocomoke City			
Married, Single or Widowed		Widowed		Name of Wife or Husband			
Father's Name		Not known		Father's Birthplace		Unknown	
Mother's Maiden Name		Not known		Mother's Birthplace		Unknown	
Name of person giving In formation		L. D. Melvin		How related to deceased		not at all	

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary Suppurative gas. bladder with stones		How long Several minutes	
Immediate asphyxiation		How long Several days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address Salisbury, Md	
Accident or Suicide?		no	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Blairness Washington Hancock</i>		Town <i>Delmar</i>		County <i>Marion</i>		MARYLAND	
Died at <i>Delmar</i>		Month <i>March</i>		Day <i>26</i>		Age <i>1</i>	
Date of death <i>1907</i>		Months <i>2</i>		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delmar Md</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Delmar Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John W. Hancock</i>					
Father's Name <i>John W. Hancock</i>		Father's Birthplace <i>Salisbury</i>					
Mother's Maiden Name <i>Rosa Hancock</i>		Mother's Birthplace <i>Delmar</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>weeks</i>
Immediate <i>Pneumonia</i>	How long <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Allegood M.D.</i>
	Address <i>Delmar DE</i>
Accident or Suicide?	

A M

Name In Full

Certificate of Death

Scripta Hitch

Town

County

Died at

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

Mar 11

Age

84

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Salgrippe

How long sick

10 days

Death

Immediate

Congestion of Lungs

~~Accident, Suicide, Homicide~~

Reported by

F. M. Clemmons M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name  
in  
Full

William B. Hitchens

## CERTIFICATE OF DEATH

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NEAREST FRIEND

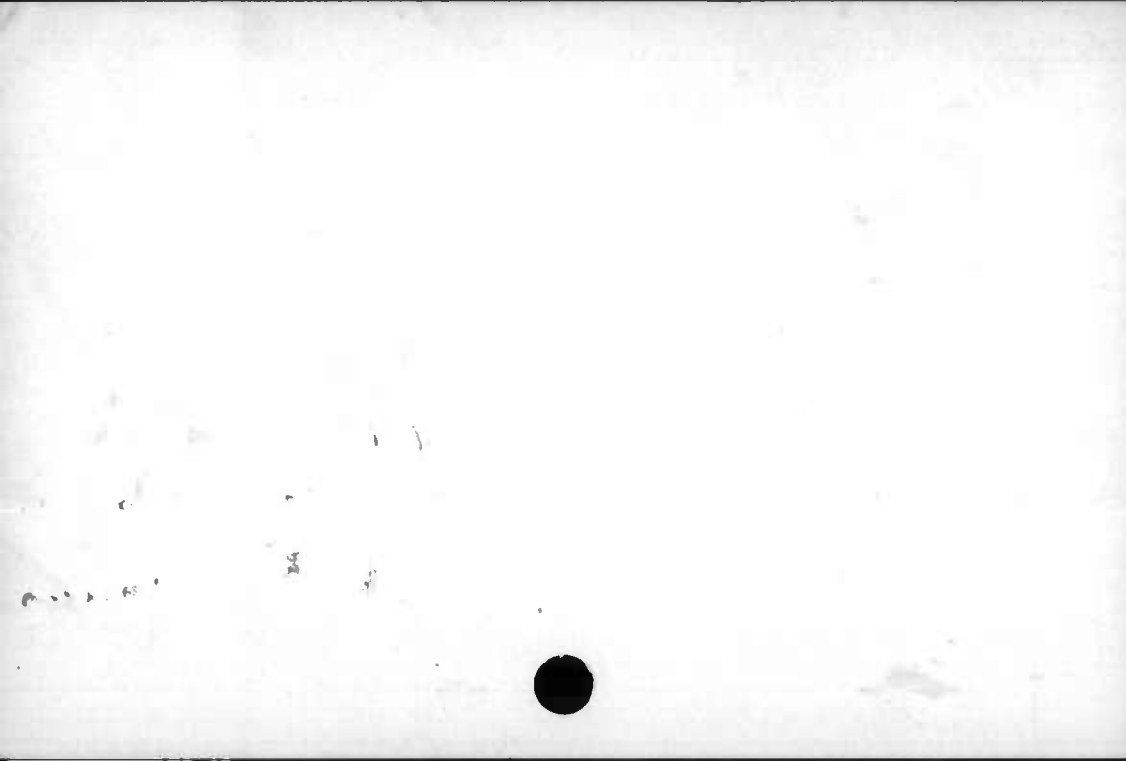
Died at <i>Near</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>6</i>	Day <i>7</i>	Age <i>67</i>	Years <i>6</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Wicomico County Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William B Hitchens</i>					
Father's Name <i>E. J. Hitchens</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>L. T. Cooper</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Patrick Parker</i>		How related to deceased <i>no</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright Disease</i>	How long <i>3 years</i>
Immediate	<i>Collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James Branshaw</i>
		Address <i>Delmar Delaware</i>
Accident or Suicide? <i>no</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant Reese Lowe</i>		Town <i>Mardela</i>		County <i>Micromico</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>4</i>		Years <i>—</i>	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>4</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Id</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Months <i>—</i>		Days <i>16</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Months <i>—</i>		Days <i>16</i>	
Father's Name <i>Reese Lowe</i>		Father's Birthplace <i>Id</i>		Months <i>—</i>		Days <i>16</i>	
Mother's Maiden Name <i>Agnes Gillis</i>		Mother's Birthplace <i>Id</i>		Months <i>—</i>		Days <i>16</i>	
Name of person giving information <i>Reese Lowe</i>		How related to deceased <i>Father</i>		Months <i>—</i>		Days <i>16</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Prematurity</i>	How long <i>Two Hours</i>
Immediate <i>Marasmus</i>	How long <i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Eldredge, M.D.</i>
	Address <i>Mardela Springs, Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Mar	1	1 week			
Sex	Female	Color or Race	White	Birth-place	Sharplown		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Albert Lowe			Father's Birthplace	Del		
Mother's Maiden Name	Viola Phipps			Mother's Birthplace	"		
Name of person giving information	Albert Lowe			How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fluorid.	How long	4 days.
Immediate	Fits.	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	N. N. Gossard
		Address	Sharplown
Accident or Suicide?			Med



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	Mar	Day	30	Age	52
						Years	5
						Months	10
						Days	
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Del</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death				
<del>Married</del> Single or <del>Widowed</del>		Name of Wife or Husband					
Father's Name		<i>James B. Merrill</i>				Father's Birthplace	<i>Del</i>
Mother's Maiden Name		<i>Mary E. Lome</i>				Mother's Birthplace	<i>Del</i>
Name of person giving information		<i>Betty Merrill</i>				How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>I do not know; may have been here for two weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>So far as I know -</i>		<i>McDish</i>	
Accident or Suicide?		Address	
<i>No.</i>		<i>Salisbury, Md</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shear Sharptown</i> <sup>Town</sup>		<i>Wormine</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar</i>	Day <i>5</i>	Age - <i>15</i>	Years <i>15</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Shear Sharptown</i>			
Occupation <i>Had none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William J. Moore</i>	Father's Birthplace <i>Shear Sharptown</i>				
Mother's Maiden Name <i>Clarsie J. Moore</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Jas Moore</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long
Immediate <i>No Doctor in attendance.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician
	Address <i>H. P. Gravenor</i>
Accident or Suicide?	



Name  
in  
Full

Artemia E. Parsons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Mar* <sup>Town</sup> *Mardela,* <sup>County</sup> *Wicomico* **MARYLAND**

Date of death *1907* <sup>Month</sup> *March* <sup>Day</sup> *1<sup>st</sup>* <sup>Years</sup> *65* <sup>Months</sup> *-* <sup>Days</sup> *-*

Sex *Female* Color or Race *white* Birth-place *Leel,*

Occupation *Lady* Where Residing if not at place of death *Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Eben, Parsons*

Father's Name *Levin Brown* Father's Birthplace *Leel*

Mother's Maiden Name *(dont-know)* Mother's Birthplace *Leel*

Name of person giving information *Son* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

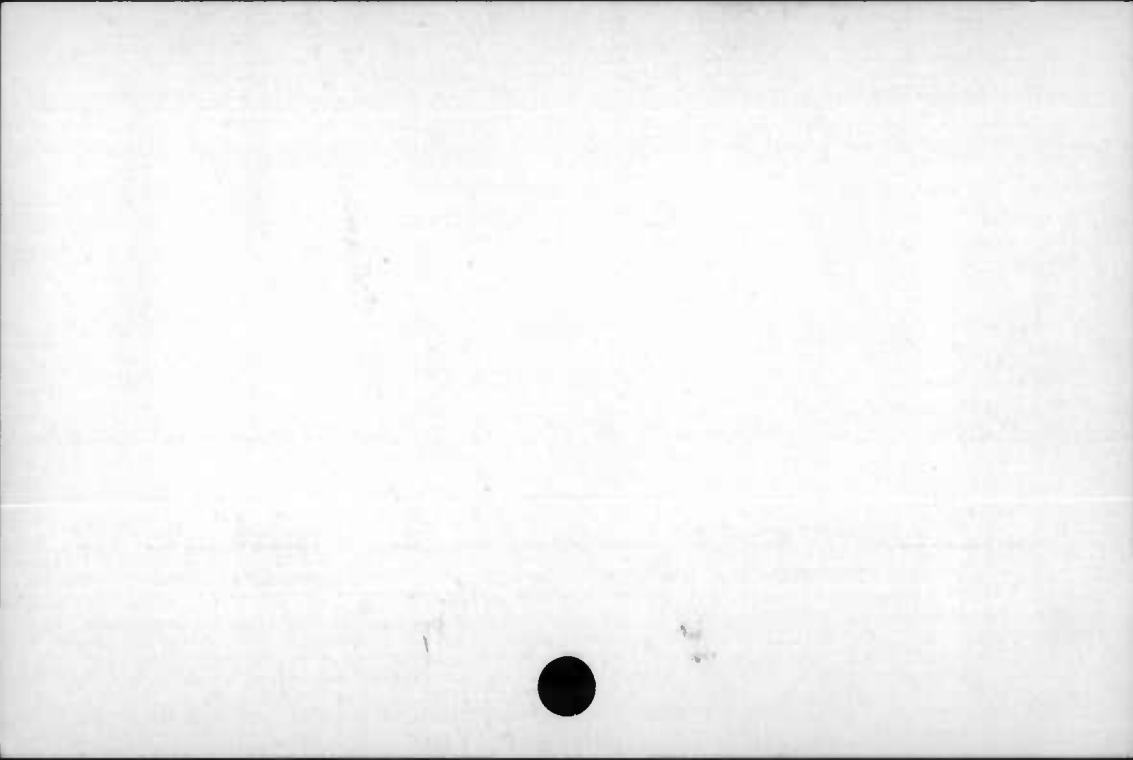
Primary *Pneumonia,* **(93)** How long *two week*

Immediate

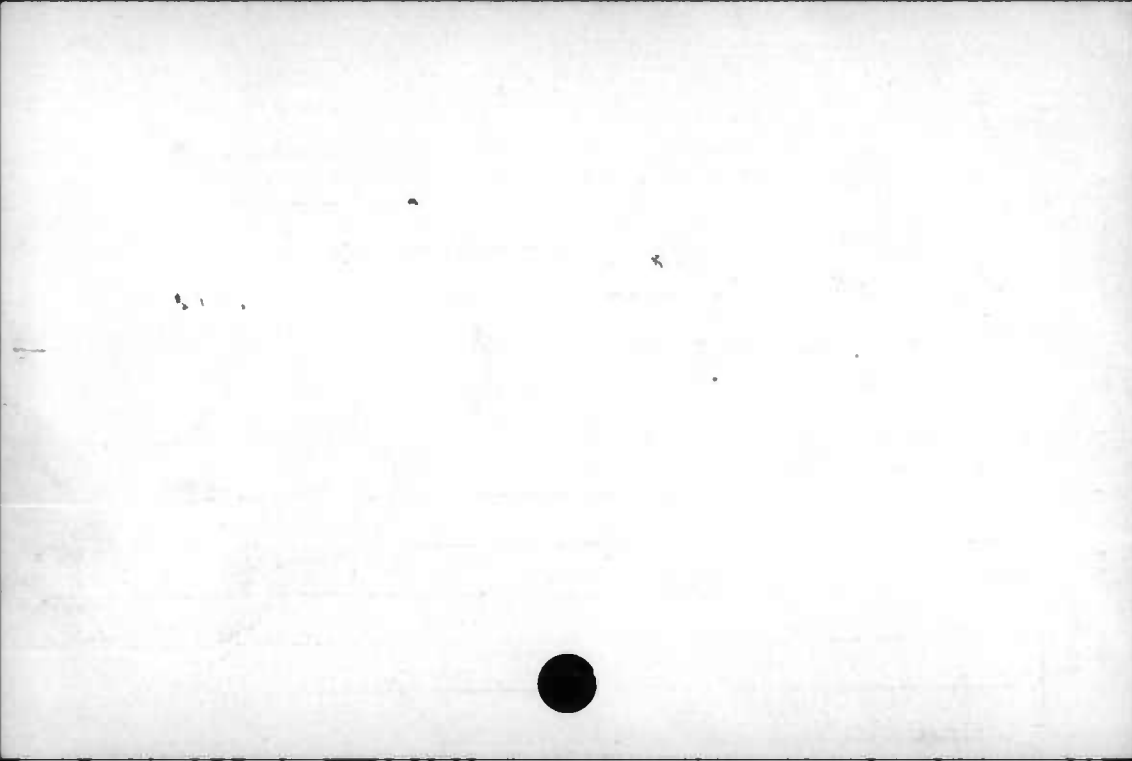
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. L. English*

*Coroner,* Address *Mardela-springs*  
*Maryland*

Accident or Suicide?



Name in Full		Marry E. Payne.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Selma		County Wilcox		MARYLAND	
	Date of death	1907	Month 3	Day 21	Age 60	Months —	Days —
	Sex	Male		Color or Race	White		Birthplace Md.
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name					Father's Birthplace	Md.
	Mother's Maiden Name					Mother's Birthplace	Md.
Name of person giving information	Frank T. Deans.				How related to deceased	Son in law.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center; border: 2px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">27</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	Several Years	
	Immediate	Tuberculosis			How long	Several Years	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
				Selma Ark			
Accident or Suicide?							



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Helton</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>	Day <i>7</i>	Age <i>20</i>	Years	Months <i>8</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Wm H. Spear</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary E. Miligan</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Wm H. Spear</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>93</i>	How long	<i>2 Weeks</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. E. Cornmanway</i>	
		Address <i>Helton Md</i>	
Accident or Suicide?			

W. L. English  
Mendota  
Wash

This man wants  
more cords



Name  
in  
Full

Sarah F. Todd

## CERTIFICATE OF DEATH

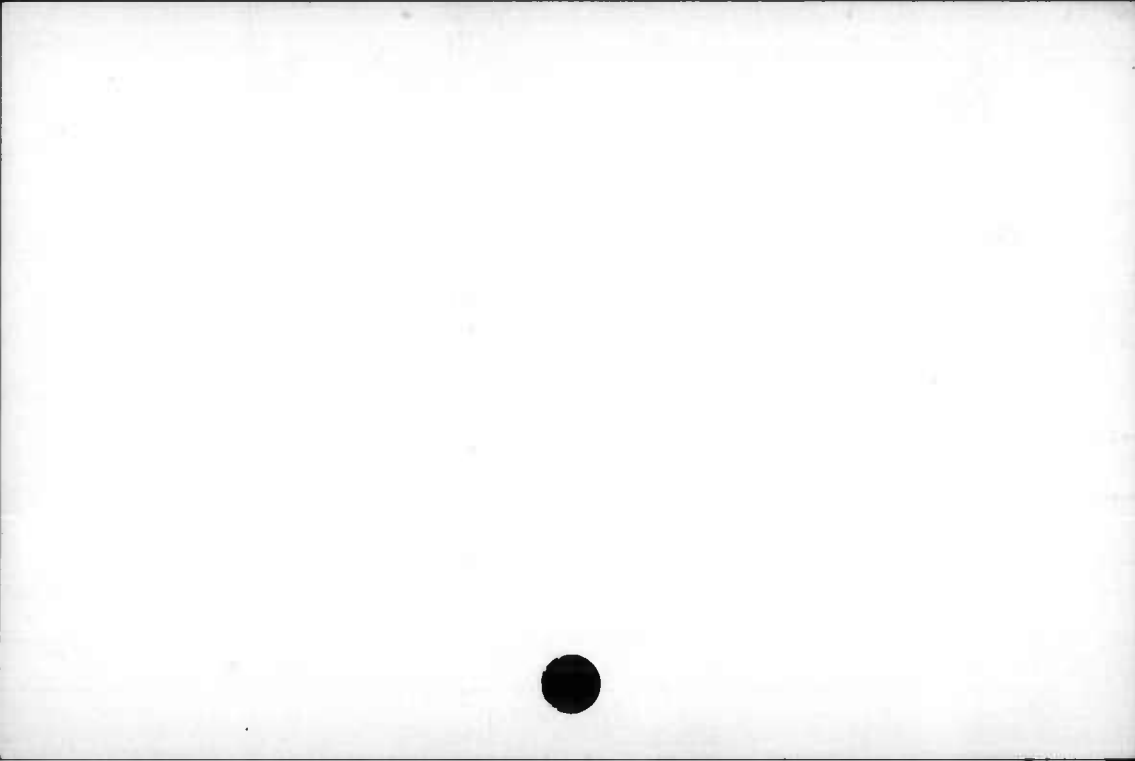
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Mch.</i> <sup>Month</sup>	<i>5<sup>th</sup></i> <sup>Day</sup>	Age <i>76</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Geo. W. Todd</i>			
Father's Name <i>James Hooper</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Eleanor McCrear</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>F. C. Todd</i>			How related to deceased <i>Brother in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Albumenuria</i>	<i>120</i>	How long <i>Several Months</i>
Immediate <i>Inanition</i>		How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Olesons M.D.</i>
		Address <i>Salisbury Md.</i>
Accident or Suicide?		



Name  
in  
Full

Ellen Louisa Toddwine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

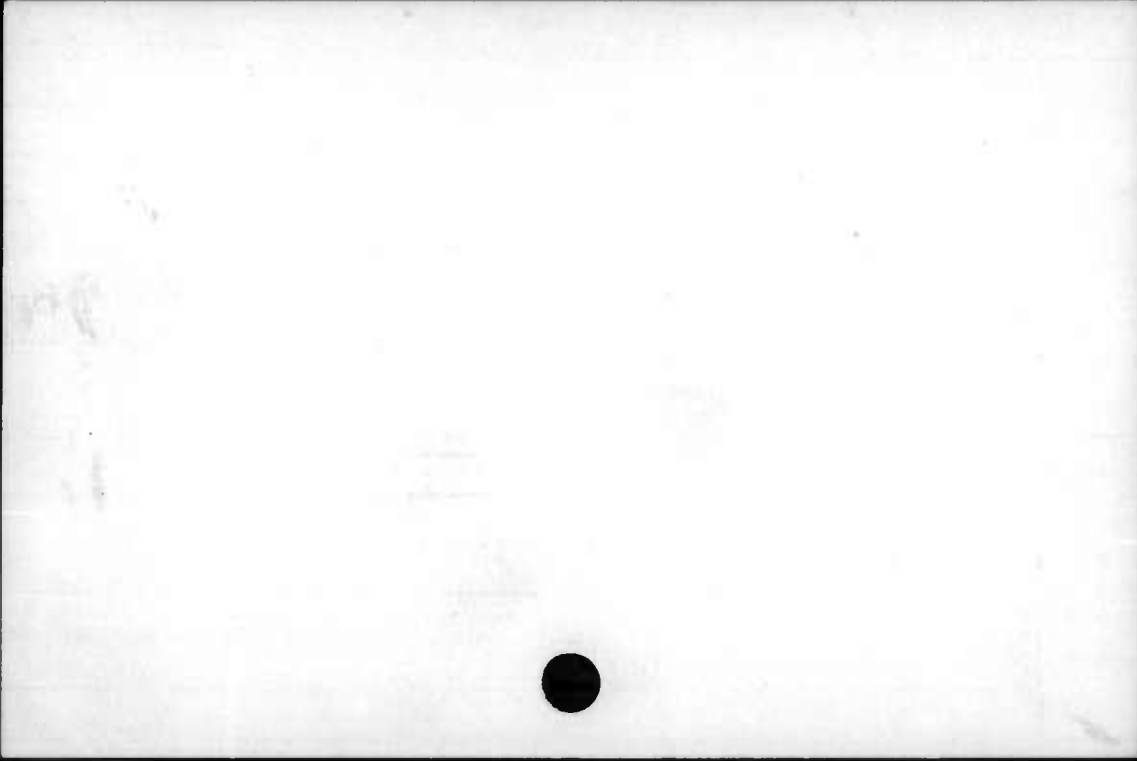
Died at <i>Seaside</i>		Town <i>Seaside</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	March	Day	20	Age	66
						Months	Days
Sex	Female		Color or Race	White		Birth-place	Berlin Md.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>A. D. Toddwine</i>				
Father's Name	Isaac Copington					Father's Birthplace	Berlin, Md.
Mother's Maiden Name	Aurelia Franklin					Mother's Birthplace	Berlin, Md.
Name of person giving information	A. D. Toddwine					How related to deceased	Son

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Don't Know</i>	How long	
Immediate	<i>Died Suddenly, was in when I reached</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. E. E. E. E. E.</i>		
	Address <i>Delaware</i>		
Accident or Suicide?			



Name

in  
Full

Mary N Tuttle

## CERTIFICATE OF DEATH

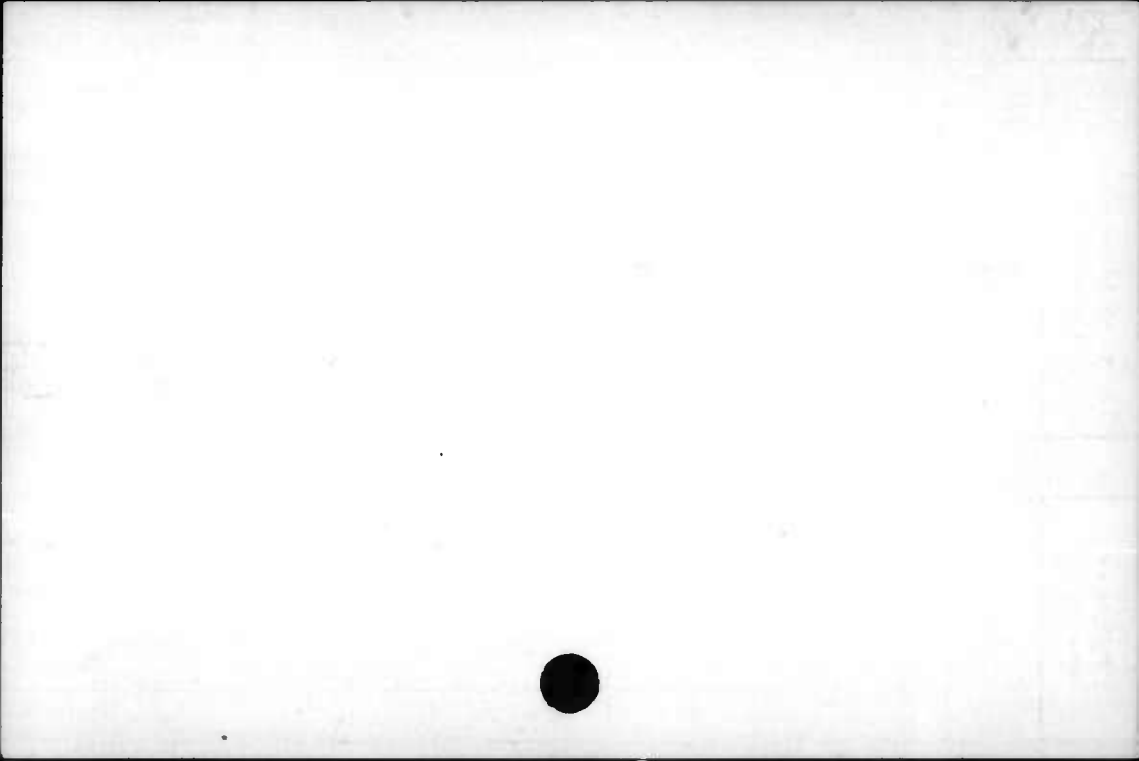
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Mar</u>	Day <u>18</u>	Age <u>54</u>	Years <u>10</u> Months <u>22</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>N Y</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of <del>Wife</del> or Husband <u>Edward A Tuttle</u>			
Father's Name <u>Russell W Tuttle</u>		Father's Birthplace <u>Mass</u>			
Mother's Maiden Name <u>Deborah Smith</u>		Mother's Birthplace <u>N Y</u>			
Name of person giving information <u>Eva Tuttle</u>		How related to deceased <u>Daughter</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cancer</u>	How long	<u>Don't know</u>
Immediate	<u>Hemorrhage</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo. H. Todd</u>
		Address	<u>Salisbury Md</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Shaplaown* <sup>Town</sup>County *Wicomico*Date of death *1907* <sup>Month</sup> *Mar*<sup>Day</sup> *31*Age <sup>Years</sup> *81*<sup>Months</sup> *6*<sup>Days</sup> *16*Sex *Female*Color or Race *White*Birth-place *Rochester*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Widow*Name of Wife or Husband *Osbourn Adams*Father's Name *Mathew Marvin*Father's Birthplace *Rochester*Mother's Maiden Name *Nancy Robbins*Mother's Birthplace *"*Name of person giving information *Mary A. Gavenor*How related to deceased *Saughter*

## CAUSES OF DEATH

Primary

*Paralysis**(66)*

How long

*15 years.*

Immediate

*2d attack of Paralysis*

How long

*3 weeks.*

Are the name, age, sex, color, date and place correctly given above?

*yes*

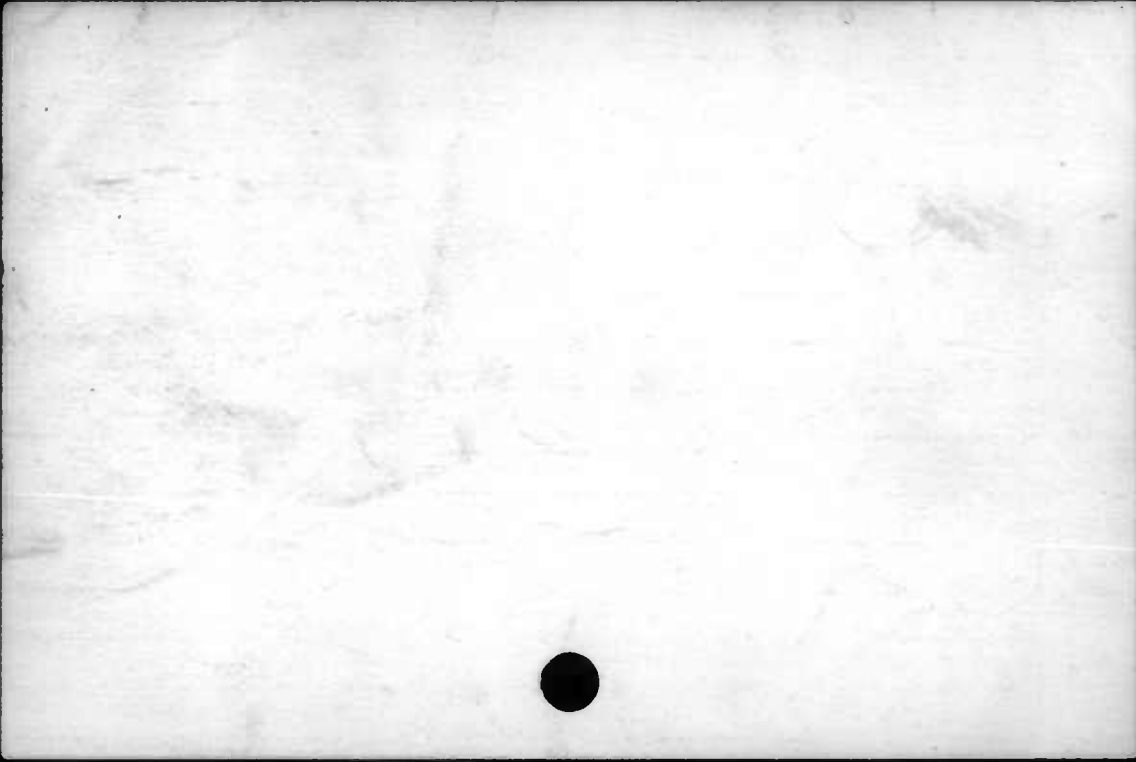
Signature of Physician

*W. W. Gomanay*

Address

*Shaplaown - Md*

Accident or Suicide?





Name  
in  
Full

Martha Washington Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

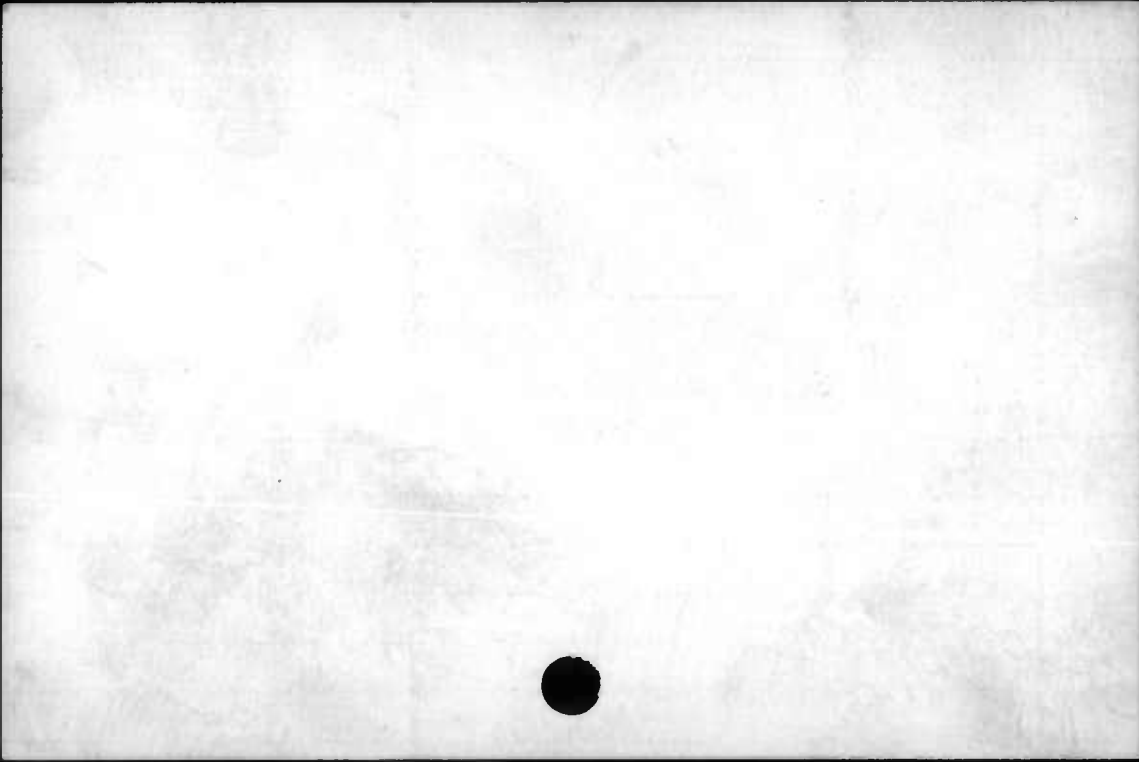
Died at <i>Martha Washington Wallace</i>		Town <i>Martha Washington Wallace</i>		County <i>Wicomico county</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>17</i>		Age <i>46</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Wicomico Md</i>		Months <i>2</i>	
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>Wicomico Md</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John S. Wallace</i>	
Father's Name <i>Martin Ross</i>		Father's Birthplace <i>Dorchester county Md</i>		Mother's Maiden Name <i>Treasia Barkley</i>		Mother's Birthplace <i>Wicomico Md</i>	
Name of person giving information <i>Kattie Elsey</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Interventricular obstruction</i>		How long <i>6 wks -</i>	
Immediate <i>Changue</i>		How long <i>3 da -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>colored</i>		Signature of Physician <i>J. P. Barkley M.D.</i>	
Accident or Suicide? <i>-</i>		Address <i>Wicomico Md</i>	



Name  
in  
Full

Theresa Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Northbrook</i> <sup>Town</sup>		<i>Meimier</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>3</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	Age <i>6</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>8</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>chord</i>		Birth-place <i>Maryland</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Talbot Wallace</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Bertie Barakay</i>	Mother's Birthplace <i>Don't Know</i>				
Name of person giving information <i>Talbot Wallace</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J H. O'Day</i>	
	Address	
Accident or Suicide?		

Returned &  
Returned

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Perry Handy Waller</i>		Town <i>Mardela Springs</i>		County <i>Micomico</i>		STATE <i>MARYLAND</i>	
Died at <i>Mardela Springs</i>		Month <i>March</i>		Day <i>5</i>		Years <i>81</i>	
Date of death <i>1907</i>		Months <i>2</i>		Days <i>18</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Delaware</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Anna Kemmer</i>					
Father's Name <i>Stephen Waller</i>		Father's Birthplace <i>Sussex Co. Del.</i>					
Mother's Maiden Name <i>Leah Cilsen</i>		Mother's Birthplace <i>Sussex Co. Del.</i>					
Name of person giving information <i>James T. Waller</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>2 years</i>
Immediate	<i>General Debility</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Eldredge</i>	
		Address <i>Mardela Springs Md</i>	
Accident or Suicide?			

